

**PRESENTER TOURING ASSISTANCE
FINAL REPORT
2005-2006**

Virginia Commission for the Arts
223 Governor St., 2nd floor
Richmond, VA 23219
804/225-3132

Return no later than 30 days after the touring event **and no later than June 15, 2006**. You may complete this form OR reformat using a word processor and providing ALL the information requested IN THE ORDER SPECIFIED BELOW. **Please do not return the completed form via fax or e-mail.**

GRANT ID. #

Grantee Organization/School Name, Mailing Address, Daytime Telephone, E-Mail Address:

County:

List the name of the touring group or artist and the activities supported by the grant. What was the attendance at each event?

<u>Event Date</u>	<u>Name of Artist</u>	<u>Type of Event</u>	<u>Location</u>	<u>Attendance</u>
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TOTAL ATTENDANCE:

Special characteristics of the individuals attending:

Please give the actual number of individuals in each category and not a percentage.

Pre K through Elementary	_____	College/University Student	_____	*Institutionalized	_____
Middle School through Secondary	_____	Senior Citizen	_____	*Disabled	_____

*These individuals may also be counted in the other categories; e.g. a college student with disabilities should be counted under both "College/Univ. Student" and "Disabled."

Are these figures an actual count _____; an estimate _____; unavailable _____?

Number of touring artists participating:

OVER

Comment about the touring group or the touring activities. Was the performance well received? Did you find the group well managed and working with it a good experience? Would you consider presenting it again? Attach another sheet if needed.

PROJECT CASH EXPENSES

Total artistic fee (including VCA grant) _____
Facility costs (rental, security, etc.) _____
Publicity/printing _____
Advertising _____
Administrative (postage, phone, etc.) _____
Other _____
Corporate contributions _____
TOTAL CASH EXPENSES: \$ _____

PROJECT CASH INCOME

VCA grant (get total amount from award letter) _____
Income devoted to this project from your organization's general operating budget _____
Ticket sales/other earned income _____
Local government _____
Foundation grants _____
Individual contributions _____
*TOTAL CASH INCOME: \$ _____

***IMPORTANT:**

1. Total income should at least equal total expenses.
2. If the total income exceeded total expenses, attach a statement indicating the future arts activities you propose supporting with the excess income from this project. See p. 5 #6, *2005-2006 Tour Directory*.
3. In-kind expenses and income may not be included. In-kind refers to non-cash goods and services that are dedicated to this project.

I hereby certify that to the best of my knowledge all information in this final report is complete and accurate.

Typed name and title of person reporting

Daytime telephone

Signature

Date